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ANNUAL REPORT

TO THE

CITY OF BIRMINGHAM EDUCATION COMMITTEE

OF THE

SCHOOL MEDICAL OFFICER

JAMES R. MITCHELL, M.C., M.B., Ch., B., D.P.H.

FOR THE

Year Ended 31st December, 1942

*In accordance with circulars 576 and 596
of the Board of Education.*

BIRMINGHAM:

Templar Printing Works, 168, Edmund Street.

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JAMES R. MITCHELL, *M.C.*, *M.B.*, *Ch.B.*, *D.P.H.*

For the Year ended 31st December, 1942.

INTRODUCTION.

This year, again in the interests of economy, the Annual Report is reduced as far as possible, and is little more than a synopsis of the year's work.

STAFF ARRANGEMENTS.

Staff changes have been numerous and the enforced reductions have made it necessary to re-arrange the work of the School Medical Service and to introduce certain alterations in procedure designed to secure the closest possible supervision of school children with the restricted staff available. Some of these altered procedures have been in operation during a part of 1942, others for only so short a period of the year that their effect is not yet felt. It seems useful to outline here the position as we finish 1942 and face the work of the ensuing year.

On the outbreak of War the Education Committee decided, after careful deliberation, to maintain the normal strength of the School Medical Service and the standard of its activities as long as possible. They decided further to release at once any medical or dental officer called up for Service or wishing to join the Forces and to replace them by temporary officers so long as these should be available.

This policy of the Committee was adhered to until late in the year when the Board of Education represented that the shortage of medical man power would no longer justify the filling of vacancies in the School Medical Service. During this year Drs. H. S. K. Sainsbury and C. Leith Barron had joined the Forces, and two others had resigned, one on marriage and one to take up medical work elsewhere. To compensate for the loss of these four officers only one appointment was made, that of Dr. Kate Gray, in August.

Normally the staff of Assistant School Medical Officers numbers thirteen, of whom one is assigned to Special Schools and Special Purposes while the others conduct the work of the twelve districts, each with its own clinic, into which the City is divided. The reduction in Staff meant that special arrangements must be made to meet, so far as circumstances would permit, the needs of three districts, and it was decided to "couple" certain of these areas so that each of the "coupled" districts should receive the part-time supervision of one medical officer. To make this plan more certain of success the Medical Inspection of the 8—9 age group has been discontinued, so that the total of inspections in all areas has been reduced and Medical Officers in the unaffected areas may be available to help out inspection work in the "coupled" districts.

But discontinuance of the inspection in the 8—9 age group was decided upon with the utmost reluctance and with some apprehension.

Apart from all other considerations in regard to preventive medicine and the supervision of child health, it seemed that the eyesight of the children might be seriously endangered if no special provision were made. Inspection of the 8—9 age group is the first occasion upon which regular or routine testing of the vision of school children is, or can be, carried out in large numbers.

Arrangements have been made for vision tests of large groups of children to be carried out by nurses either on special visits to the schools for the purpose or when visiting to carry out some other work which may not occupy the whole of a session. The children so tested will, broadly speaking, fall into these groups:—

- I.—Those definitely normal in vision, whom the nurse can dismiss with certainty.
- II.—Those showing marked defects of vision for whom the nurse will, on the consent of the parent, immediately make out an appointment paper to secure treatment at the Clinic.
- III.—Those where there is some doubt as to the actual degree of defect. These will be referred to the Clinic by the Nurse for a further test by the Medical Officer before an appointment paper for treatment is issued.

All our School Nurses are of proven competence in the carrying out of the necessary tests.

The dropping of the intermediate inspection does not mean that attention will no longer be paid to the health of children in Junior Schools. The present number of Assistant School Medical Officers is sufficient to carry out more than the total of “entrant” and “leaver” inspections represented by these age groups in the school population so that there is some margin of “inspection power” available when these two remaining routine groups have been dealt with. This margin is, however, reduced by the time required to “follow-up” all children found with defects; to maintain special supervision of children on the register for evacuation; and to carry out the necessary inspection of children in Schools and Institutions for Higher Education. Some time can be saved on the examination of the latter children without serious reduction in the efficiency of this supervision. Hitherto these children have been inspected in each year of their school life. To save time, first and final examinations are now as thorough and searching as previously, but intermediate examinations, while not perfunctory, are not so detailed, allowing more children to be inspected per session.

The remaining margin of time is devoted to visiting Junior Schools or Departments and the examination of children there, selected thus:—

- (a) Any special children brought forward by the teacher, or noted for personal follow-up by the Assistant School Medical Officer.
- (b) Children registered for evacuation, and others considered likely to be presented for evacuation even though they are not registered.

In November, 1942, one of the Dental Surgeons, Mr. H. Linn, was called up for service with the Forces. It is doubtful if he can be replaced in view of the dearth of Dental Surgeons available at the present time. So far his work has been carried on by “coupling” his area with a district in which Dental inspections were particularly up-to-date owing to a local reduction in the school population.

Although there have been changes in personnel it has been possible to maintain the numerical strength of the School Nurses.

EVACUATION.

Throughout the year, there has been no mass evacuation of children from the City, but "trickle" evacuation has continued intermittently.

A register is kept by head teachers of children whose parents would desire them to be evacuated in the event of serious bombing.

Children, whose names are included on this register, are kept under regular supervision by the Assistant School Medical Officers.

PROVISION OF SPECTACLES.

The following report from Mr. H. W. Archer Hall, D.O., Ophthalmic Surgeon to the Education Committee, indicates the work carried out by him and his colleague at Great Charles Street School Clinic:—

"During the year 1942, the following visual defects have been prescribed for by Dr. A. W. Aldridge and myself:

Hypermetropia	...	1,221
Myopia	... ..	554
Astigmatism	...	188
Total		<hr/> 1,963 <hr/>

At my sessions for sighted children, I have found it necessary to advise education at the Partially Sighted Schools in 14 cases.

In the case of three children, vision was so defective that admission to the Blind Institution or its evacuated Houses, was necessary.

As in previous years, cases of strabismus, suitable for orthoptic treatment, were transferred to the Squint Department of the Birmingham and Midland Eye Hospital. In this manner twenty-five children were sent."

In addition, 2,912 pairs of spectacles were provided for school children following examination by refraction at the school clinics in the various districts. These examinations were carried out by Assistant School Medical Officers.

ULTRA VIOLET RAY TREATMENT.

2,939 children were treated.

1,335 were cured or much improved.

938 were improved.

137 were no better, and

529 ceased to attend before the completion of course.

The gift of a Sun Ray Lamp by Mr. George Cadbury towards the end of the year will have an appreciable effect in extending the benefits of ultra-violet radiation to an increased number of children.

TONSILS AND ADENOIDS CLINIC.

The Tonsils and Adenoids Clinic at Handsworth has been open for operative sessions two days weekly throughout the year. During the year 771 children were treated.

AURAL CLINIC.

In the course of the year cases were dealt with at the Aural Clinic as shown in the table below:—

No. of children examined by Aural Surgeon	No. of Ionisation treatments by Nurse	No. of Mastoid Dressings by Nurse	No. of Diastolization treatments by Nurse	No. of other Aural treatments by Nurse
747 (of whom 525 were new cases)	105	481	253	3251

The following is an extract from a report furnished by Mr. F. B. Gilhespy, Aural Surgeon to the Education Committee:—

“In my reports some years ago I suggested that young children in whom it was difficult to make a diagnosis whether mental deficiency or deafness was retarding their education, should be sent to the Deaf School for a period to investigate the amount of loss of education which was due to deafness. These children should then either be retained by the Deaf School or referred to the special schools for mental investigation.”

This has become the scheme whereby children of this type are dealt with in Special Schools because it has been considered that in the case of a deaf child there could be no prospect of adequate education whether at ordinary or at special schools until training in a school for the deaf had made it possible for the child to appreciate to his fullest capacity appropriate educational methods. That is to say, treatment of the deafness is essential in order to open up lines of communication with the child's brain. Mr. Gilhespy reports a number of children seen at the clinic who require lip reading classes but who are not quite suitable for whole-time attendance at a deaf school. Lip reading classes have been established by the Committee and so far have been able to undertake the number of cases brought forward. Should numbers increase the Committee will be approached for further facilities.

DENTAL TREATMENT.

During the year, 92,663 children were inspected by the School Dentists in the Elementary, Grammar and Special Schools. Of these, 56,227 (60.7 per cent.) were observed to be in need of treatment. This percentage is lower than that of any of the three preceding years. Of the children found to be in need of treatment, 33,262 (59.1 per cent.) attended the clinics and received it.

16,753 permanent teeth were filled. This represents 50.3 permanent fillings for each group of 100 children treated, and is higher than the proportion for 1941 (48.7 for each 100 children treated).

Permanent teeth extracted numbered 16,942—a ratio of 59.0 to each 100 children treated.

The year began with 2,783 requests for treatment in hand, as the result of inspections carried out in 1941; it ended with 3,061 requests carried forward to 1943.

Allowing for the non-filling of the vacancy for a School Dental Surgeon created by the call-up for Military Service of Mr. H. A. Cohen, and for the further fact that at the time of writing a similar vacancy

created by the call-up at the end of November of Mr. H. Linn remains unfilled, the Staff of School Dental Surgeons expressed in whole time service has, during the year 1942, been $11\frac{1}{2}$, compared with the normal 13.

School Dental Surgeons have noted an appreciable deterioration in the mouth hygiene of the children. This they ascribe to the scarcity of toothbrushes and to the increased cost and poor quality of those that are available.

ORTHOPAEDIC SCHEME.

2,055 children were admitted and 1,272 were discharged from the Orthopaedic Departments of the various School Clinics.

746 children were treated at the out-patient clinic of the Royal Cripples' Hospital, and 304 at the Massage Department, the grant-in-aid to this Institution being continued by the Committee.

PHYSICAL EDUCATION.

The following report has been furnished by Mr. MacCuaig and Miss Thorpe, Organising Inspectors of Physical Training:—

The general organisation of physical training and physical recreation in the Committee's schools and institutes has been maintained at a fairly high level. Although the withdrawal of younger men teachers must, to some extent, affect the physical training in senior boys' classes, the aid of older men teachers, the transference of experienced women teachers and the introduction of a war-time scheme have adequately covered this temporary loss. In Junior and Infant schools many married women teachers, who have returned to the service after a long period of absence, are undertaking their responsibilities in the teaching of physical training with zest and are using every opportunity of acquainting themselves with the modern interpretation of the physical training scheme. Many young teachers who have had advanced physical training courses in college have taken up duty in senior girls' classes and they are maintaining the traditions of enthusiastic and able teaching which were laid by the older semi-specialist teachers who are now with boys' classes.

The organisation of recreative physical training classes in all branches of the Youth Service, including voluntary organisations and evening institutes, continues rapidly to expand. The services of trained men and women instructor-leaders and pianists from the Education Committee's panel are in great demand, and every type of recreative class is to be seen in the various organisations, both large and small. Recently, there has been an increased call for these leaders for classes in factories and many of the larger factories in Birmingham now have "Keep Fit" Gymnastics, Games and Dancing classes under the Committee's scheme for the supply of leaders and pianists.

The Education Authority's physical training courses for teachers in schools and leaders in evening institutes and clubs have been particularly well attended. These courses prove an indispensable means of maintaining the quality of teaching as well as keeping an adequate number of teachers and leaders on the Committee's panel.

In spite of war-time difficulties concerning the supply of apparatus, shoes and suitable clothing, every effort has been made to keep alive the various branches of physical training under the Education Committee's auspices,

EXAMINATION OF MILK/NEWSBOYS.

The number of children examined during the year ended 31st December, 1942, was 2,205, the number of clinic sessions used being 373.

PROVISION OF MEALS AND MILK.

During the year there has been some considerable development in the provision of meals and milk in the City and this is reflected in the number of meals which have been taken.

During the year 1,715,520 meals were provided, of which 1,398,862 were paid for and 316,658 were for necessitous children.

Of the latter figure, 284,892 were issued free of charge and 31,766 were provided at a charge varying between $\frac{1}{2}$ d. and $3\frac{1}{2}$ d. per meal where the family income did not justify the issue of free meals.

The number of meals provided for necessitous children has continued to decline compared with last year.

The new policy of the Board of Education in regard to school meals has changed and the school canteen is now the thing to be desired at which all children whose parents so wish, may obtain nourishing meals at a reasonable cost or if the need demands, free of charge. There are at the moment 27 school canteens, and 31 school meals centres available while 104 other schemes are in various stages of preparation.

The menu has not been altered during the year but is kept under constant review. Recently in order to take fuller advantage of the "points" rationed foods, an increase in the cost of the meal to 5d. has been approved. It should be realized that the cost to the parent for the meal covers only the cost of the food supply, all other charges are borne in other ways.

In connection with the supply of milk under the "Milk in Schools" Scheme, a summary of the returns from Head Teachers shews that the number of children receiving milk in Elementary Schools increased from 77.2 per cent. in December, 1941, to 82.1 per cent. at the end of 1942.

NUTRITION.

It is now very clear that the state of nutrition of children cannot be gauged by any fixed formula. Into any such assessment must enter the factors of personal opinion, of past experience, and even perhaps of socio-political preconception.

The statistics for 1942 comprise the findings of fourteen medical officers who worked for varying periods of the year in the service of the Committee. The experience of one of these officers is an example of the effect which past experience may have in personal assessment of nutrition. She found classification particularly difficult because the children were, in general, so much better than those to whom, in another area, she had recently been accustomed.

Four of the medical officers returned figures for malnutrition so much at variance with those of the other ten officers that it is obvious that a different standard of assessment was in their minds. Taking the findings exactly as recorded by all the officers with no deductions to allow for varying standards, 22.3 per cent. of children were found to suffer from some degree of malnutrition as compared with 16.2 per cent. in 1941.

While the uniformity of the findings may be open to question, there is no doubt that there is an increase in malnutrition among the children of school age. This is of grave significance to the welfare of the individual, and to the future of the City. To devise measures to combat this increase in malnutrition is not a simple matter since the issue is not clear cut. There has been a tendency to consider the level of nutrition as an index of financial status, a measure of the ability of the parents to secure adequate food for the children both in quality and amount. The present position may be taken to demonstrate that poverty is not, and probably never has been, a major factor in determining the nutrition of children. That is to say poverty in itself, the financial ability to procure food; we exclude the ignorance and lack of forethought which may accompany or arise from poverty. The system of rationing and the control of prices have placed a certain range of food stuffs within the reach of most, if not all, of the people, and if full use is made of the available rations a diet adequate both in calories and in vitamins is within the reach of all. Available calcium and the intake of vitamin C are probably the points at which the margin of safety is narrowest. Speaking generally these depend upon the supply of milk, fresh fruit and vegetables carefully chosen and properly cooked.

Many have noted a prevalent tendency to reserve the meat ration for the adults of the family, especially the male members, thus depriving children of their proper share on the ground that workers have more urgent need of this food. School dinners and milk in schools do much to make up these discrepancies. It is not the purpose of this Report to draw up a dietary for children but it may be mentioned that while oranges and other fruits are pleasant and acceptable sources of Vitamin C, much of this essential food factor can be obtained from salads in the Summer and from cabbages, swedes, and potatoes in Autumn and Winter.

Among other important influences which to-day affect the nutrition of children are to be included:

- (a) Inadequate ventilation owing to the black-out arrangements.
- (b) Congestion of sleeping quarters due to occupancy of partly re-conditioned bombed houses.
- (c) Late hours with consequent inadequate sleep. This has always been a difficulty, but it is intensified by the later hour of parental employment which tends to make the whole family time-table later.
- (d) Less time available for medical treatment. This is particularly noticed when repeated visits are necessary to Doctor, to Hospital, or to Clinic. The response to offers of treatment for scabies and other conditions shows that there is no decrease in parental interest in the children but congestion of treatment centres of all kinds, transport restrictions and the urgency of their own employment and other concerns all make arrangements for treatment less easy.
- (e) Anxiety and strain both in parents and in children, maternal employment with resultant dislocation of home routine, also have some adverse influence more marked in certain individuals than in the general child population.

With this complex of inimical factors in operation let us consider how the health of the children has reacted. The incidence of major illness, of serious and extensive epidemics, has been less than was

expected, even by the most optimistic. There has been to be sure, an increase in the incidence of scabies, but this is an infestation, not a disease in the true sense. It is not known to be dependent upon the personal resistance of the individual; nor is it known to be favoured by any particular state of nutrition.

The work of the School Medical Service is, however, primarily directed towards preventive measures, towards the early ascertainment of abnormal conditions while yet the signs are slight and before irreparable damage has been done. Certain of the more notable of these early signs of deterioration in health are set out below, in a somewhat tabular form:

- (a) Increase in fatigue and in slight anaemia:
This is particularly in evidence in the senior group and is more marked in girls than in boys. It gives rise to a lowering of concentration and an increase in postural deformities.
- (b) Lowered resistance to infection:
Evidence of this is furnished by an increase in skin affections of infective type, e.g., impetigo, boils, etc. To this, too, can be ascribed some increase in catarrhal conditions of the respiratory system and of inflammations of ears and eyes.
- (c) Inflammation of the Gums and Mouth:
Some increase has been noted by the Assistant School Medical Officers in inflammatory conditions in these situations. The incidence is most marked in the senior groups becoming progressively less in younger age groups. The degree of inflammation is usually slight, although a few more severe cases have been noted, and does not seem to be closely related to the condition of the teeth. This is taken as an indication of Vitamin C deficiency in the diet of the older children. This is not general or evenly distributed, but occurs in groups of the children or "pockets" of incidence where other evidence points to faulty nutrition owing to economic and domestic considerations which lead to injudicious choice of food and its indifferent preparation.

The Dental Surgeons, however, have not found among children any increase of dental decay which might have a causal relationship to the inflammation of the gums; nor have they noted any increased tendency to bleeding after extraction of teeth. We may, therefore, take it that while the presence of untreated dental decay might be expected to aggravate the inflammation, the condition does not have its origin in dental caries.

Lastly, as an indication of subnormal nutrition, should be mentioned the slow recovery from illness and protracted convalescence common in the experience of all the Medical Officers. The reserve of vitality, once overdrawn, is made up but slowly.

In spite of the dark spots and shadows, enumerated with perhaps a chance of over-emphasis, the picture is on the whole stimulating. The children have emerged remarkably well from the third year of war.

SCABIES.

The table below shows the number of children found to be suffering from Scabies, the number of children treated by this Authority, and the total number of baths given during the years 1940, 1941 and 1942.

Year	Number of Children found to be suffering from Scabies	Number treated by this Authority	Total number of baths given
1940	2,751	2,255	9,469
1941	5,776	4,440	12,747
1942	6,262	4,993	19,760

The increase in incidence of Scabies infestation during 1942 is small as compared with the massive increase in 1941, although measures towards ascertainment of those affected have been even more active and comprehensive than during the previous year. With the opening of an emergency bath hut at Ridpool Road School this Authority now has five Treatment Centres working full time in addition to the Centre at the Aid Post in Beeches Road School where treatment continues with undiminished enthusiasm. In all centres the treatment is by Benzyl Benzoate painted on the skin after a hot bath. Our experience is that parents greatly prefer this to the older treatment by sulphur although sulphur can, and does, destroy the parasite.

It may be noted that the number of baths per patient has increased. This does not indicate that treatment is less efficacious. An uncomplicated case of Scabies is quickly cured and two baths may commonly suffice. But in children Scabies is so frequently complicated by the presence of infected scratches and sores that effective treatment is in many cases retarded. Thus at our Treatment Centres during the year, 1,934 children had to be treated for skin conditions in addition to Scabies. The closest co-operation has been maintained with the Public Health Department in this work, every effort being made so to co-ordinate measures that whole families are treated, as nearly as possible simultaneously, when the infestation has been discovered.

Although in the future no effort towards control of this disease will be relaxed, it may be said without undue optimism that prospects are brighter. The people in general now look upon Scabies as a disease which can, and should, be cured, not as a shameful condition to be hidden. Treatment therefore is accepted much more readily, and there is considerably greater co-operation by parents in presenting for examination and treatment members of the family other than those first discovered.

The increased interest in this infestation has, almost inevitably, led to some slight but quite harmless exaggeration of the fear of infection. Opinions differ as to the exact infectivity of Scabies. Certainly the parasite is not highly resistant to attack and has no range of striking power, actual and fairly close contact with infected persons being necessary for transference of infestation. The extent to which infected articles do or may transmit the disease is also subject of controversy. Our chief lines of attack upon the problem, in co-operation with the Officers of the Public Health Department are—early ascertainment of the disease, as complete as possible, and simultaneous treatment of all in a family infested or likely to be so.

Disinfestation of bedding and body clothes has been carried out by the Public Health Department for all cases and families notified by the School Medical Service. It may well be that war conditions in the near future may make this no longer practicable, but reasonably reliable disinfestation can be carried out in the home, and the present increased importance of the disease in the minds of the public is likely to lead to its satisfactory practice.

UNCLEANLINESS.

During the year 292,150 examinations of children for the purpose of detecting verminous and uncleanly conditions were made in the schools as compared with 266,767 in the previous year.

Individual children found unclean numbered 11,946 as against 14,869 in 1941. Since the intensity of the cleanliness drive has been maintained throughout the year the fall in the number of those found unclean is promising. There are other signs too, that the general attitude towards verminous conditions is improving. The parent of a persistently verminous child, when detected by the nurse, no longer commands the sympathy of her neighbours as a martyr. They are beginning to regard her as a danger to their own children so that the efforts of the school are beginning to be reinforced by local public opinion.

Whereas in 1941 legal proceedings under School Attendance Byelaws were taken in 218 of these cases, 348 cases were similarly dealt with in 1942. None of these was a first offender. All had been warned previously of this condition, being afforded time in which to cleanse the child and advice as to how best to do it.

In May, 1942, Messrs. Lever Bros., Port Sunlight, Ltd., placed at the disposal of the Committee a mobile bath unit consisting of a motor van carrying a boiler capable of supplying hot showers in each of a row of cubicles erected temporarily in a school playground, soap and towel being supplied for each child. The necessary operative crew accompanied the van. A group of schools was selected in a district where, owing to congested housing conditions, scarcity of baths and destruction by enemy action, domestic bathing might be expected to be most difficult and perhaps overlooked. Participation in the bathing is entirely optional and an Attendant was appointed to examine all applicants to ensure that none had any communicable condition such as lice or scabies.

It was gratifying to find the standard of cleanliness so good, surprisingly high when one remembers the difficulties referred to and the prevalence of maternal employment at the present time in that district.

It was early realised that those who refused the bath might be most in need of it. This was met by instructing the Attendant to examine not only the applicants but also, and particularly, those who refused. This she is empowered to do as part of the usual cleanliness campaign.

Although, as shown below, the proportion of rejections was low, it can be claimed with confidence that the Bath Unit has given an additional opportunity for the ascertainment of scabies, and has assisted in maintaining the standard of bodily cleanliness.

During these inspections the Attendant has made careful observation of the general condition of the children and has been able to treat on the spot many minor ailments, referring others to their own medical practitioner or to the clinic. All cases of defects found are consistently followed up.

An Attendant was chosen who had nursing competence to deal with such conditions.

From June 15th, when operations commenced, up to December 18th, when they ceased for the Christmas school holidays, 18,289 baths were given. The Bath Unit visited each of the selected schools at an interval of a fortnight so that individual children had repeated baths. All were examined on each occasion and children rejected on one bath day were eligible for a bath next time if their condition warranted their inclusion in the party.

Among the first 1,988 children, all presenting for their first bath, there were 25 rejections, all on account of scabies. In addition 83 children were found to have "nits" in the hair. These were not rejected but were noted for following up for cleansing. There was no danger of infestation passing to others since each child uses a separate towel and heads are covered by a rubber cap which is disinfected immediately after use.

NURSERY SCHOOLS AND CLASSES AND WAR-TIME NURSERIES.

In January, 1942, there were, throughout the City, thirteen Nursery Classes, with a total of 346 children on roll. By December the number of classes had risen to 45, the number on roll being then 1,212.

This latter figure relates to children in fully organised classes, i.e., those complete with feeding arrangements. There were in addition some children in attendance in nursery classes which were in various stages of development.

The rapid and sudden growth in numbers of these classes and their necessarily scattered distribution have made their medical and nursing supervision a considerable problem. Previously a Medical Officer paid a monthly visit of supervision and a quarterly visit for more systematic and routine examination of all children, while a daily visit was paid by a Nurse. The Medical Officers stress the value of this daily attendance of the Nurse for general supervision and for treatment of minor ailments on the spot. With the increase in numbers it has not been possible to realise this ideal but every effort is being made to approach as nearly to it as circumstances may permit.

Many of these children have had little or no health supervision previously. They could have attended the Welfare Centres but were taken nowhere until the exigencies of war work forced the parents to enter them in the Nursery Classes. Medical Officers find not less than one third of the children in several of these classes showing signs of incipient malnutrition and have noted rapid improvement as the result of rest and carefully chosen diet. Treatment of these little ones at clinics presents further difficulties because the parents are mostly at work and cannot take them. Distance, too, may be too great for these younger children; hence the importance of treatment at the school. In conveying groups and individuals to and from clinics and bathing centres we have, however, met with most willing co-operation from the staffs of the classes concerned.

CHILD GUIDANCE CLINIC.

The following are extracts from the report of Dr. C. L. C. Burns, upon the work of the Clinic for the year under review :—

"The present position at the Child Guidance Clinic may be said to be that we have a steadily increasing number of applications for treatment, and therefore a steadily mounting waiting list.

Figures are given below showing number of cases being treated and waiting, compared with those of the previous year.

	No. of cases under treatment at end of year	No. of cases on waiting list at end of year
1941	88	54
1942	94	75

The question of the scope of Child Guidance Clinics, and particularly that of the psychologist members of their teams, has been the subject of some discussion recently. A clinic can either be mainly a diagnostic centre, dealing with large numbers of cases, including many retarded cases and perhaps all delinquents that come before the Court, or it can be primarily a treatment centre mainly for the more obscure and difficult type of case, especially the psycho-neuroses, e.g., phobias, obsessions, personality disorders.

The field of Child Guidance, however, is far wider and includes the work of educational psychologists working in and with the schools, special centres (e.g., coaching and speech therapy), residential schools, vocational work, etc. The latter concept is coming to be accepted as a development of the future, and gives a line upon which to plan.

The type of cases now being referred is summarised below and gives some indication of change in the types selected (although it must be realised that there is fundamentally no hard and fast division whatever between these categories, i.e., most of the serious behaviour problems have an underlying basis of neurosis). A better understanding still, would bring a greater number of the 'neurotic' type, although it must be remembered that there are many children who are constitutionally 'nervous,' and physically below par, who are admirably catered for in open-air schools, and must be distinguished from those potentially neurotic."

The table given below of "cases referred" indicates the variation in the type in two contrasted periods:—

" Type of cases referred	1942	1933-1934
Neuroses	150	131
Behaviour problems ...	112	191
Educational problems ...	33	74
	<hr/> 295 <hr/>	<hr/> 396 <hr/>

Classified as they are, it will be noted that the proportion of 'behaviour problems' to 'neuroses' is reversed.

It is often asked how long a case is followed up after it has been discharged as sufficiently improved. The answer is that one would like to follow them up for an indefinite period, but this would necessitate extra personnel, and also there is so much change of residence, especially in the past few years, that many cases are lost sight of. A comprehensive follow-up has, however, been started, with a view to arriving at some estimate of results in cases treated some years ago at this clinic.

It is always necessary to stress that results in work of this nature can never be properly assessed in a quantitative manner by percentages, but must be considered qualitatively. One difficult and worth while case intensively treated and successfully cured, may be worth half a dozen others who are not so."

SPECIAL SCHOOLS.

General.

Dr. Muriel Roberts has carried out the medical work in connection with the Special Schools since Dr. Sainsbury joined H.M. Forces in June of the past year.

Evacuation.

The number of Special School children in the Reception Areas is somewhat lower than last year, 201 as compared with 252, no doubt due to the absence of serious air raids in Birmingham, and to the return home of children on reaching the statutory leaving age. On the other hand, there is still a number of cases where evacuation is recommended to meet special circumstances.

In July last, the Board of Education, after consulting this Committee, drew the attention of L.E.A's. generally to the facilities which had been set up by London and Birmingham for dealing with evacuated mentally defective children. As a result, a number of applications have been received from other areas for the admission of boys to the Ogmere Camp School, near Bridgend, and of girls to Llansantffraed Court, near Abergavenny. At the end of the year eight such boys and one girl had been admitted, and the numbers are growing.

It was possible to admit more children to the Special Schools in Birmingham, and the numbers on the registers increased from 1480 to 1675.

Cottage Homes Children.

In addition to the Cottage Homes children of nursery school age evacuated to Martineau House, Towyn, and King's Hostel, Dolgelley, further accommodation for this purpose has been placed at the disposal of the Committee during the year under review at Garth, near Dolgelley, through the kindness of the owner and occupier, Lord de Saumarez. At December 31st there were 29 children in residence there; 21 at Kings, and 27 at Martineau House.

The number of children of 5 years of age upwards evacuated in billets from the Cottage Homes was 270 as compared with 293 twelve months previously.

The number of children of all ages remaining at the Shenley Fields Cottage Homes was 223 and at the Erdington Cottage Homes 89, not including children on remand and care and protection cases.

The health record of the children in the Cottage Homes has been in general satisfactory, although problems of treatment and prevention have been presented by prevalence of scabies in the City and limited outbreaks of dysentery, real or suspected.

An epidemic of ringworm of the scalp, occurring in Shenley Fields Homes, deserves a special note. This outbreak was not peculiar to the Homes, but was contemporary with some increased incidence among other children.

On discovery of the first few cases, all the children in the Homes were taken to the Birmingham Skin Hospital for specialised examination under the Wood screen, arrangements being made with the Authorities of that Hospital for the treatment of all positive cases. Later, all contacts were screened again and again at short intervals to detect any infected individuals in whose hair growth of the ringworm fungus might have been delayed and thus undiscovered at the first screening. These later screenings were carried out at Great Charles Street School Clinic by the Matron of the Homes and members of the School Nursing Staff.

In all, forty cases were discovered in whom the diagnosis was confirmed by screening, and in some doubtful instances finally corroborated by microscopical examination at the Skin Hospital. Of these forty cases thirty-five are now cured while the remaining five are in various stages of response to treatment.

Record of cases cured :

- 12 by X-Ray, followed by local applications.
- 4 by X-Ray, following failure of Thallium treatment.
- 6 by X-Ray, following failure of various local applications.
- 6 by Thallium followed by local applications.
- 7 by various local applications.

No case was pronounced cured until negative results were obtained on three Wood screen examinations at intervals of a week. To facilitate these repeated examinations the Committee installed the necessary lamp at the Homes. This is used for administration of Ultra-Violet Rays when not required for Wood screening.

This record bears out the general opinion that the quickest, safest, and most certain cure of ringworm of the scalp is secured by X-Ray treatment. But other measures had to be adopted in some cases because the children were so young that they could not be kept quite still under the Rays. Local applications necessitated shaving of the scalp and the scarcity of razor blades introduced another difficulty.

Thallium poisoning was suspected in one instance but the case proved to be a coincident meningitis. The early discovery of this boy's serious condition was due to the vigilance of the staff of the Homes; he made a complete recovery.

Haseley Hall School, near Warwick.

The number of children suffering from rheumatic affections brought to the notice of the Committee having steadily diminished, it was felt that those needing residential school treatment could all be accommodated at Baskerville. The Committee therefore decided to use Haseley Hall as a residential open air school for young delicate boys from 5 to 9 years of age of whom there was a heavy waiting list. The change-over took place at the Midsummer Holidays.

Orthopaedic Work.

Mr. T. S. Donovan, F.R.C.S., who was recently appointed as visiting Orthopaedic Surgeon for the Day Special Schools for Physically Defective Children, had to resign owing to military duties, and so far it has not been possible to find a successor.

Partially Sighted Children.

Mr. Archer Hall, Ophthalmic Surgeon, has continued to supervise the treatment of children with eye defects of a serious nature, and reports as follows :

"During the year 1942, each of the schools for the Partially Sighted was visited three or more times. At these visits the children were arranged in groups for attendance at Gt. Charles Street School Clinic. All the children were given instructions to attend in this way, so arranging for at least one annual examination at the Clinic.

From the ordinary routine work for Elementary Schools, fourteen pupils were found with defective sight of a degree such as to cause me to arrange education at the Partially Sighted Schools.

Three pupils were recommended for admission to the Birmingham Royal Institution for the Blind."

CONCLUSION.

While changing conditions have rendered the work of the School Medical Service more complex than usual, the co-operation of all those dealing with the children has been as ready and as effective as in past years.

CITY OF BIRMINGHAM

Education Committee

Appendix to Annual Report

of

School Medical Officer

for the year ended 31st December, 1942

OFFICIAL TABLES

Elementary Schools.

TABLE I.

MEDICAL INSPECTIONS OF CHILDREN ATTENDING PUBLIC ELEMENTARY SCHOOLS.

A. ROUTINE MEDICAL INSPECTIONS.

(1) Number of Inspections in the prescribed Groups :								
Entrants	..	..	..	..	..	..	..	15,564
Second Age Group	..	..	..	..	..	..	..	13,427
Third Age Group	..	..	..	..	..	..	..	11,866
Total	..	..	..	..	..	..	..	<u>40,857</u>
(2) Number of other Routine Inspections								
Grand Total	..	..	..	..	..	..	..	<u>40,857</u>

B. OTHER INSPECTIONS.

Number of Special Inspections and Re-Inspections 104,706

TABLE II.

CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS. *

Age-Groups	In- spected	Number of Children.							
		A		B		C		D	
		(Excellent)		(Normal)		(Slightly) subnormal)		(Bad)	
		No.	%	No.	%	No.	%	No.	%
	40,857	2,394	6.1	28,652	71.6	9,161	20.6	650	1.7

* These statistics represent the findings of fourteen Assistant School Medical Officers who, for varying periods, took part in the work of the Birmingham School Medical Service during the year 1942. The figures with regard to children showing nutrition "slightly sub-normal" or "bad," may be considered to be unduly weighted on the side of sub-normality. Certain examiners adopted standards obviously different from those of their colleagues. One of them classified 63.7 per cent. of the children as "slightly sub-normal." Three others noted 36.9 per cent., 32.6 per cent., and 26.7 per cent., respectively, as falling within this category.

If the figures of these four officers are excluded, the percentage of children whose nutrition is considered to be below normal is reduced from 22.3 per cent. to 14.6 per cent.

TABLE III.

GROUP I.—**TREATMENT OF MINOR AILMENTS** (excluding Uncleanliness, for which see Table V).

Total number of Defects treated or under treatment during the year under the Authority's Scheme 26,419

GROUP II.—**TREATMENT OF DEFECTIVE VISION AND SQUINT** (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

	No. of Defects dealt with		
	Under the Authority's Scheme.	Otherwise	Total
ERRORS OF REFRACTION (including squint)	3,477	202	3,679
Other defect or disease of the eyes (excluding those recorded in Group I)	138	13	151
Total	3,615	215	3,830
	Under the Authority's Scheme.	Otherwise.	Total
No. of Children for whom Spectacles were			
(a) Prescribed	2,874	213	3,087
(b) Obtained	*2,912	213	3,125

* Some of these spectacles were prescribed in 1941.

GROUP III.—**TREATMENT OF DEFECTS OF NOSE AND THROAT.**

Number of Defects.

Received Operative Treatment.		Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital. (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)		
771	417	857	2,045

TABLE IV. DENTAL INSPECTION AND TREATMENT

(1)	Number of children inspected by the Dentist :																	
	(a)	Routine age-groups.	87,034										
	(b)	Specials	300										
	(c)	Total (Routine and Specials)	87,334										
(2)	Number found to require treatment		53,025										
(3)	Number actually treated	32,003										
(4)	Attendances made by children for treatment		38,825										
(5)	Half-days devoted to	<table><tr><td>{</td><td>Inspection</td><td>622</td><td rowspan="2">}</td><td rowspan="2">Total 4,717.</td></tr><tr><td></td><td>Treatment</td><td>4,095</td></tr></table>							{	Inspection	622	}	Total 4,717.		Treatment	4,095		
{	Inspection	622	}	Total 4,717.														
	Treatment	4,095																
(6)	Fillings	<table><tr><td>{</td><td>Permanent Teeth</td><td>14,613</td><td rowspan="2">}</td><td rowspan="2">Total 14,997.</td></tr><tr><td></td><td>Temporary Teeth</td><td>384</td></tr></table>							{	Permanent Teeth	14,613	}	Total 14,997.		Temporary Teeth	384		
{	Permanent Teeth	14,613	}	Total 14,997.														
	Temporary Teeth	384																
(7)	Extractions	<table><tr><td>{</td><td>Permanent Teeth</td><td>15,747</td><td rowspan="2">}</td><td rowspan="2">Total 81,703.</td></tr><tr><td></td><td>Temporary Teeth</td><td>65,956</td></tr></table>							{	Permanent Teeth	15,747	}	Total 81,703.		Temporary Teeth	65,956		
{	Permanent Teeth	15,747	}	Total 81,703.														
	Temporary Teeth	65,956																
(8)	Administrations of general anaesthetics for extractions	19,781.																
(9)	Other Operations	<table><tr><td>{</td><td>Permanent Teeth</td><td>2,592</td><td rowspan="2">}</td><td rowspan="2">Total 5,991</td></tr><tr><td></td><td>Temporary Teeth</td><td>3,399</td></tr></table>							{	Permanent Teeth	2,592	}	Total 5,991		Temporary Teeth	3,399		
{	Permanent Teeth	2,592	}	Total 5,991														
	Temporary Teeth	3,399																

TABLE V. VERMINOUS CONDITIONS

(i.) Average number of visits per school made during the year by the School Nurses.....	12.6.
(ii.) Total number of examinations of children in the Schools by School Nurses.....	292,150.
(iii.) Number of <i>individual</i> children found unclean.....	11,946.
(iv.) Number of individual children cleansed under Section 87 (2) and (3) of the Education Act 1921.....	Nil.
(v.) Number of cases in which legal proceedings were taken :—	
(a) Under the Education Act, 1921.....	Nil.
(b) Under School Attendance Byelaws.....	348.

TABLE VI. BLIND AND DEAF CHILDREN

Number of totally or almost totally blind and deaf children who were not receiving education suitable for their special needs at the end of the calendar year :—

	(1) At a Public Elementary School.	(2) At an Institution other than a Special School.	(3) At no School or Institution.	(4) Total not receiving suitable education.
Blind Children	—	—	—	Nil.
Deaf Children	—	—	—	Nil.